Proteus mirabilis $n = 97$, *Pseudomonas aeruginosa* $n = 67$, *Candida* species $n = 65$, *Klebsiella pneumoniae* $n = 45$ and *Acinetobacter baumannii* $n = 22$. Among Gram positive isolates *Enterococcus faecalis* was the most prevalence $n = 28$, followed by coagulase negative staphylococci $n = 16$, *Enterococcus faecium* $n = 11$ and *Staphylococcus aureus* $n = 5$. They were 4 VRE strains (*Enterococcus faecium*) in the urine. All Gram positive cocci were sensitive to linezolide. Resistance rates to Gram-negative are presented. All Gram-negative were susceptible to colistin. All strains of *Acinetobacter baumannii* were susceptible to doxycyclin while they appeared susceptible to ampicillin/sulbactam to a percentage of 90%. The largest number of fungus positive samples were taken from the Internal medicine departments

Conclusions: Escherichia coli is the primary bacterial pathogen causing UTIs in nosocomial patients. *Candida albicans* was isolated from the majority of the samples, compared to non *albicans*.

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66.041

Impact of Educational Efforts on Antimicrobial Prescribing and Bacterial Resistance Rates in a Community Hospital

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Purpose: The prescribing of quinolones in the outpatient setting has resulted in widespread quinolone resistance among gram-negative organisms. Because of this, quinolones should no longer be used as empiric therapy in the management of urinary tract infections within our hospitals. The objectives of this study were to evaluate how educational efforts would impact antimicrobial prescribing in the treatment of urinary tract infections and whether the change in prescribing habits would result in a change in bacterial susceptibilities to quinolones within our hospitals.

Methods: Data was collected on all hospitalized patients admitted with a diagnosis of urinary tract infections, urosepsis, or pyelonephritis ($n = 113$) during January - May 2005. Antimicrobials selected for empiric and targeted therapy were reviewed. Twenty-nine percent of community-acquired infections and 41.2% of institutionally-acquired infections were found to be resistant to the quinolones, while only 15.6% and 17.1% of the respective infections were resistant to cefazolin. The results were presented to the Antibiotic Subcommittee of the Pharmacy & Therapeutics Committee, Emergency Medicine Department, and hospitalists physician group. This was followed by an article published in the physician newsletter on the management of urinary tract infections. Empiric prescribing guidelines encouraging the use of cefazolin were incorporated into the system-wide antibiogram. Educational posters were created and displayed at all of the nursing units and Emergency Rooms. A follow-up study was conducted in January - March 2007 ($n = 75$) to evaluate the impact of the educational efforts on antibiotic prescribing. Finally, the bacterial susceptibilities were compared before and after the educational efforts.

pyelonephritis decreased from 67.2% of patients in 2005 to 46.5% in 2007. The fraction of patients discharged on a quinolone also decreased, 73% in 2005 to 47.7% in 2007. A comparison of the 2005 to 2006 microbial data found that there was a increase in the susceptibility of Pseudomonas aeruginosa to quinolones from 65 -67% to 78% at PMC and 54% to 62% at POM, while there was no change in antimicrobial susceptibilities at PPH facilities that did not have an educational program in place.

Conclusions: Educational efforts modestly improved the selection of empiric antimicrobials in the treatment of urinary tract infections at our community hospitals. Furthermore, the bacterial susceptibilities to the quinolones within our hospitals improved.

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66.042

Is Ciprofloxacin Effective in the Treatment of Mycoplasma Pneumonia? A Case Report

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A 22-year-old male army officer cadet presented with a three day history of high fever, cough with haemoptysis, sore throat, myalgia and severe diarrhoea. Investigations on admission showed a normal total white cell count, hyponatraemia, a raised creatine kinase, pyuria and a normal chest radiograph. He was administered oral ciprofloxacin for three days with no resolution of fever or symptoms. Repeat chest radiograph done on Day 4 of admission showed multilobar pneumonia with worsening of laboratory results. Antibiotic therapy was changed to intravenous penicillin, ceftazidime and azithromycin. His fever and symptoms resolved promptly within 48 hours. Subsequent serological studies revealed a nine-fold increase in *Mycoplasma pneumoniae* antibody titre, and the patient was diagnosed with Mycoplasma pneumonia. Ciprofloxacin is generally considered as an effective treatment against *Mycoplasma pneumoniae* based on *in-vitro* susceptibility to ciprofloxacin. Till date there has been only one case report of its effective use (Masayoshi et al. Antibiotics and Chemotherapy. 18(12), p1835—1839 Japanese). This case report is the first in the literature to suggest clinical failure. Ciprofloxacin may not be effective in the treatment of *Mycoplasma pneumonia*.

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Monitoring of Antibiotic Prophylaxis Usage in a Tertiary Care Hospital

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Background: It is a common knowledge that antibiotics are used indiscriminately. They should be used for actual infections and not for colonization or prolonging the